PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	2/2 OF		R THAN ENTITY	
Ţ	OTAL CLAIMS	} 	10					RATE	FEE] .	RATE	FEE	1
FOR .			NUMBER FILED		NUMBER EXTRA		8	ASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/7 - minus 20=		· B			X\$ 9=		OR	X\$16=		1
IN	DEPENDENT C	LAIMS	/_ minus 3 =		Ø			X43=		OR	X86=		1
М	ULTIPLE DEPE	NDENT CLAIM P	. 🔾	/			1			f			
• 1	the difference	' L	-145=	-	OR	-290=	290.	fi					
	1/	•	TOTAL		JOR	TOTAL	1060-	1					
. 7	3/8/16	(Column 1)	AMENUEL	WENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL		
AMENDMENTA	Cur	CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	10	PATE	ADDI- TIONAL FEE	
	Total	. 22	Minus	-1	<u>1) </u>	- 21		XS 9=	/	OA.	5000=	10000	P
	Independent	. 2	Minus)	•		X43=	\	U	X86≖	NU	l
	FIRST PRESE	-		\	OR .			ŀ					
		•			•		Ŀ	145=	\	OR	+290=	1 5	
		•		•	•		AD	TOTAL DIT. FEE		OR.	TOTAL ADDIT. FEE	((2)	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									1 1			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID P	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•	•		,	(S 9=		OR	X\$18=		
	Incependent	•	Minus	***		8		K43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										. 200	•	
		:					Ľ	145=		OR	+290= .YOTAL	•	
٠		•		٠.			ADZ	OIT. FEE		OR,	ADDIT. PEE		
		(Column 1) CLAIMS		(Colum		(Column 3)		•		•			ŀ
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ş	Total	•	Minus _.	*		9	×	\$ 9=		OR	X\$18=		
WE	Independent	•	Minus	***		.	x	430		- 1	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		\dashv	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	DOIT, FEE		
		ber Previously Paid					tound i	n the appi	copriate box	in calu	mn 1.	.	